100
Accounts Receivable
Workflow Management System

FIG. 1

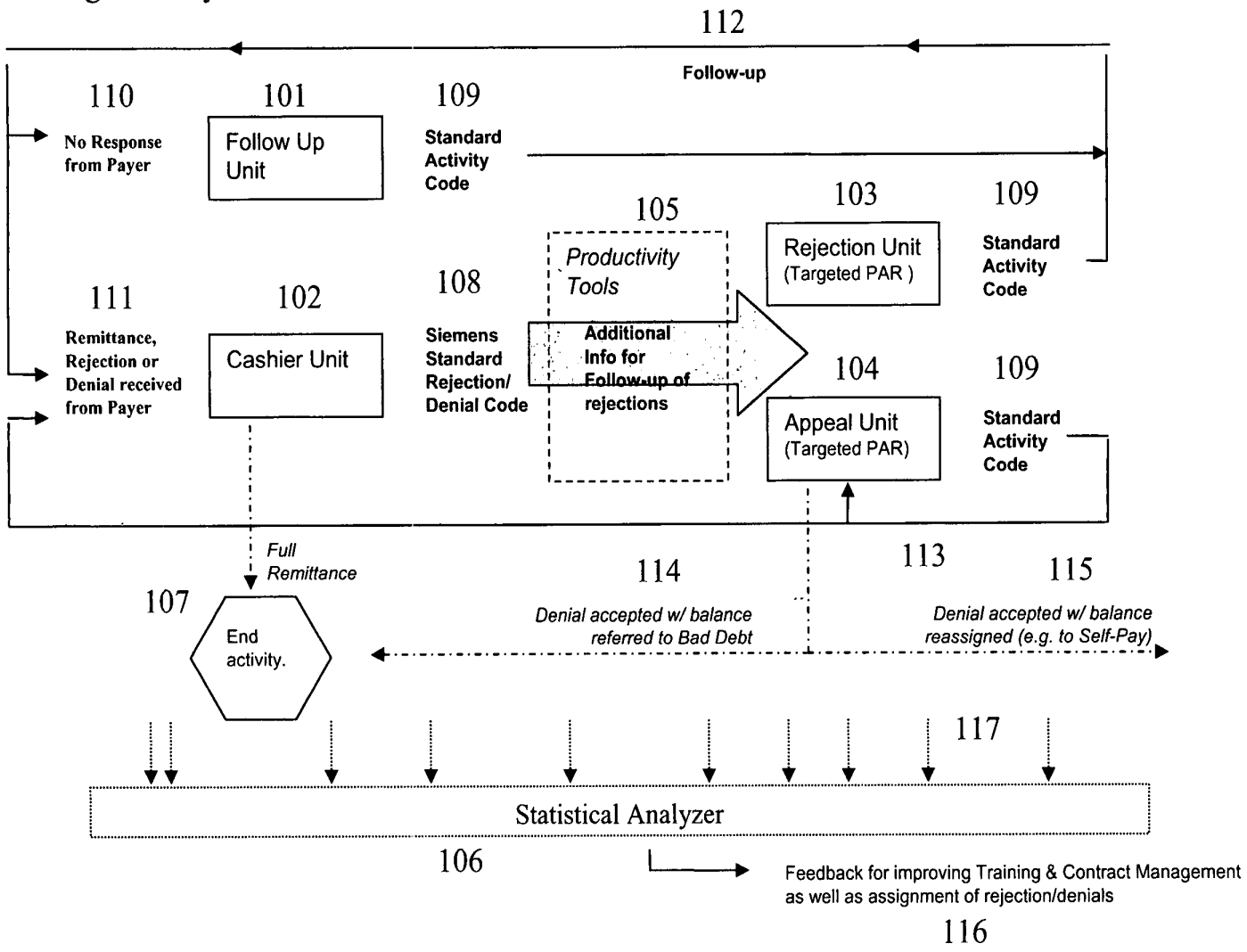
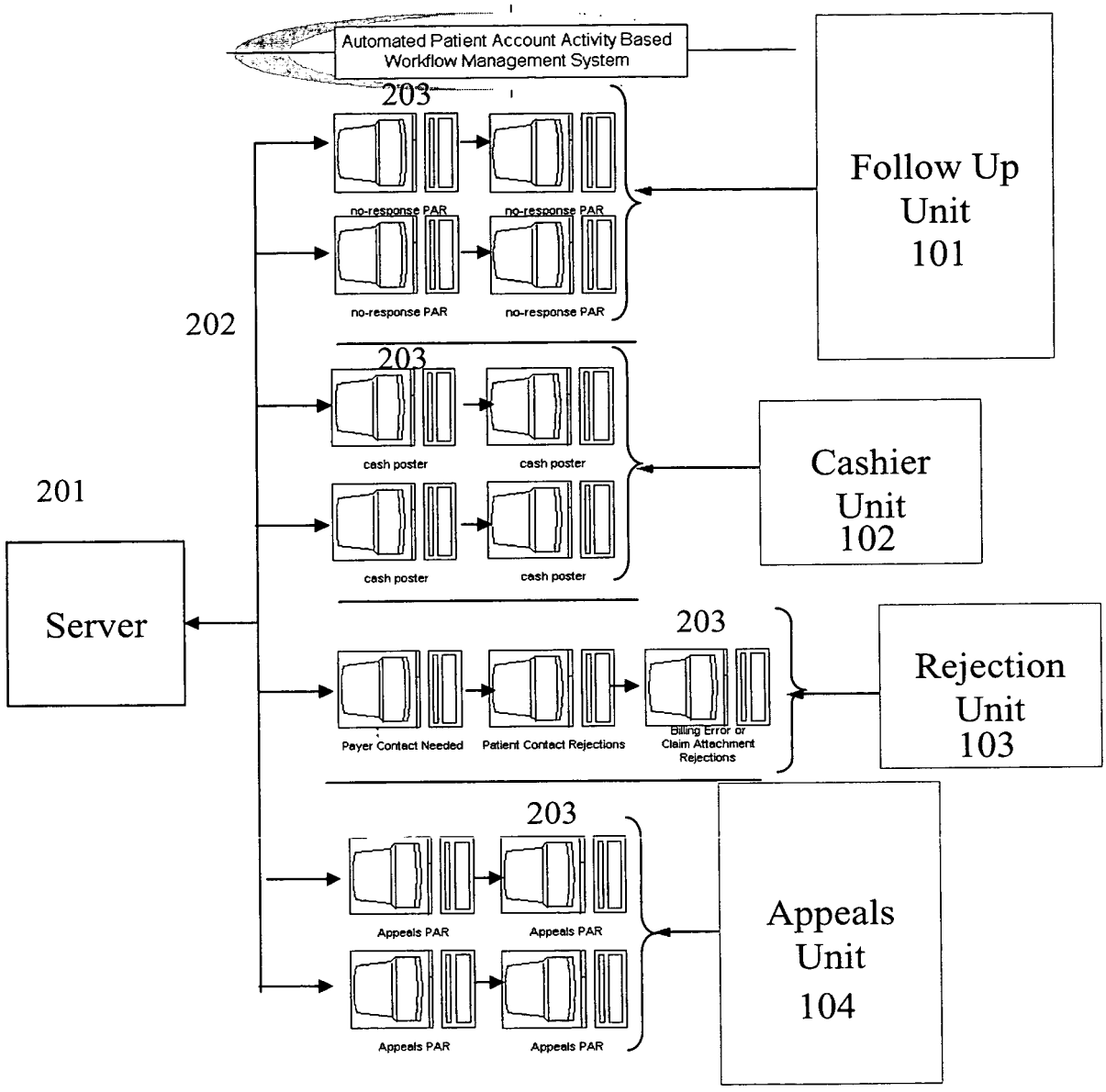


FIG. 2

200
Accounts Receivable
Workflow Management Units



300
Accounts Receivable
Workflow Management Process

FIG. 3

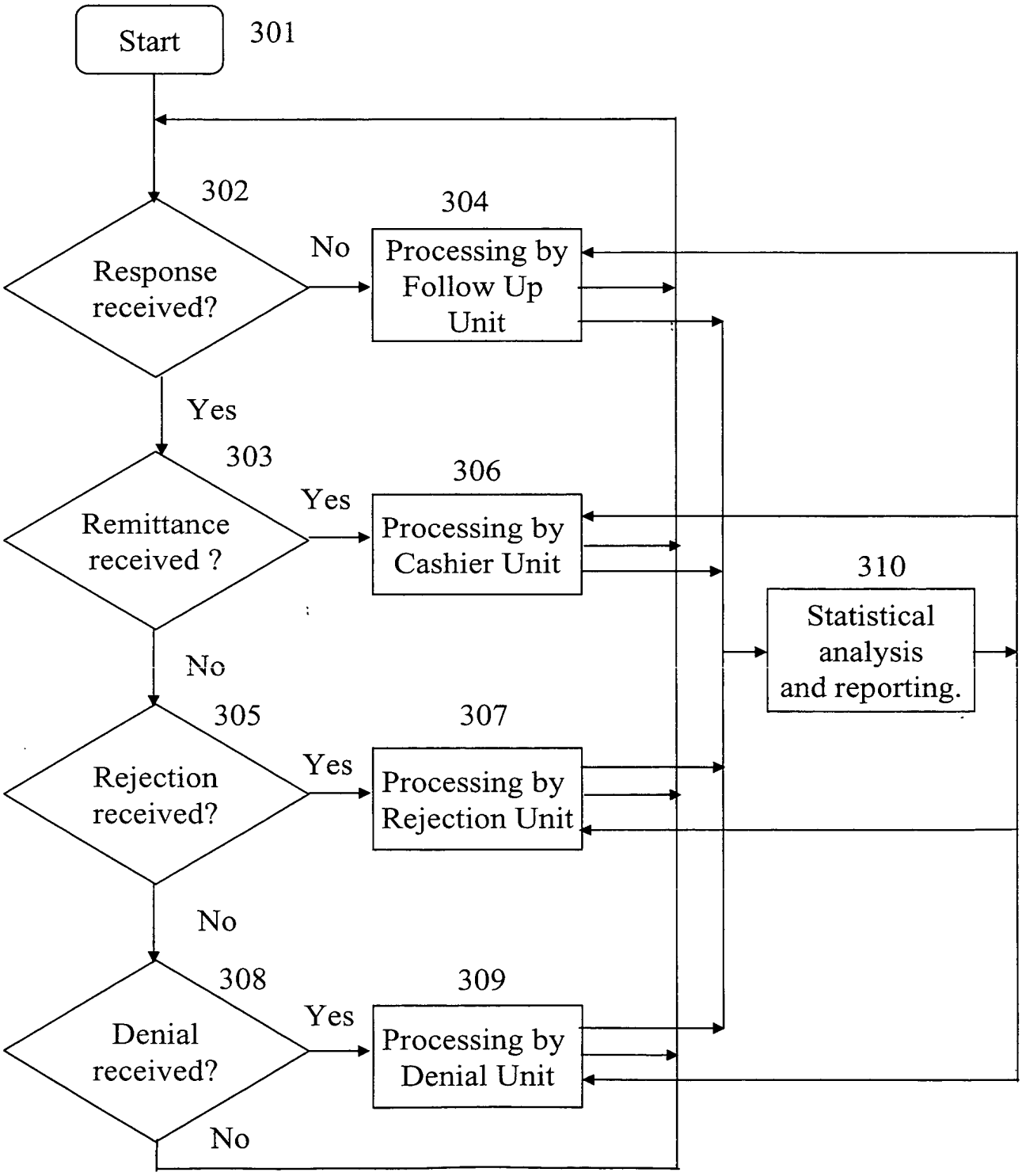
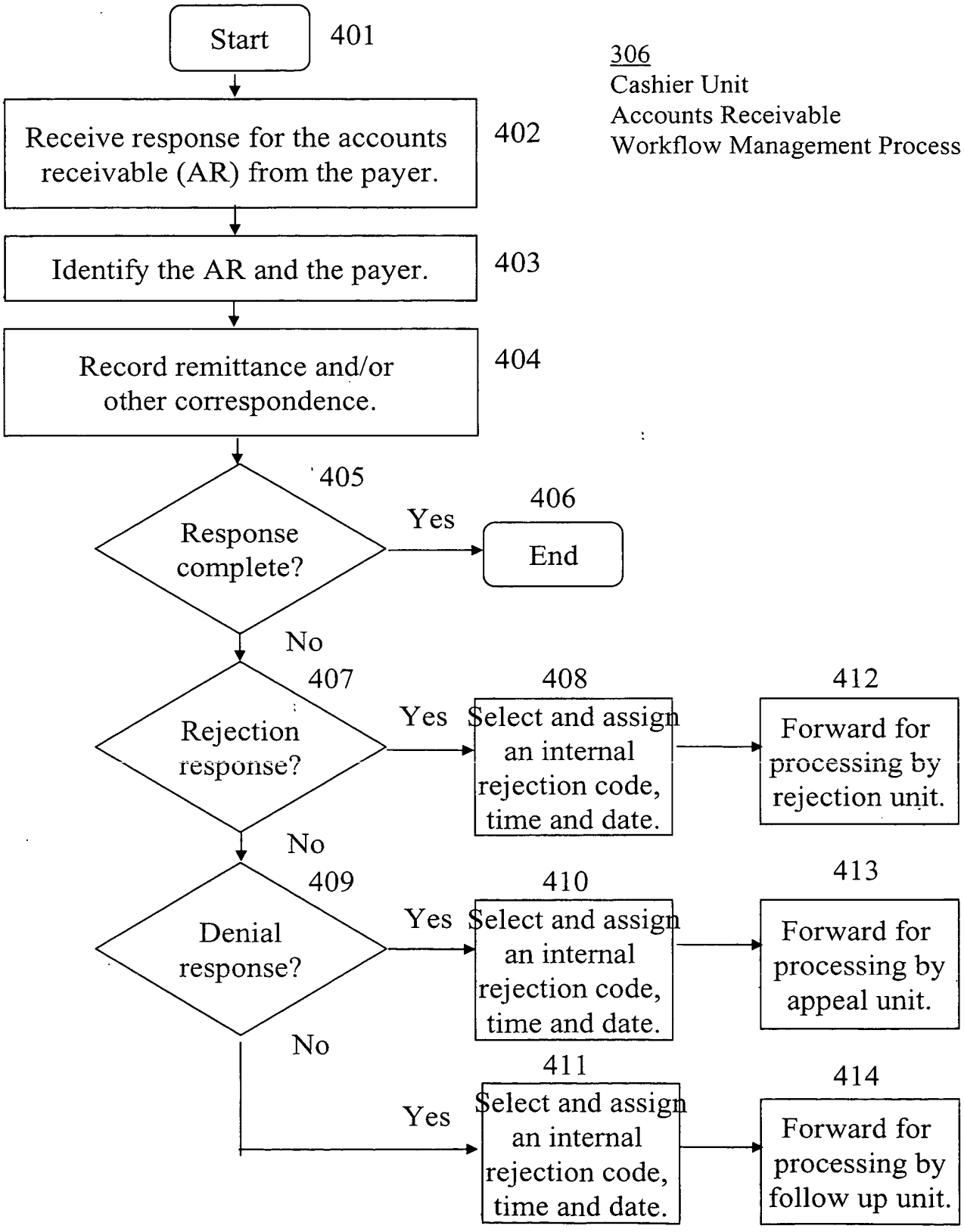
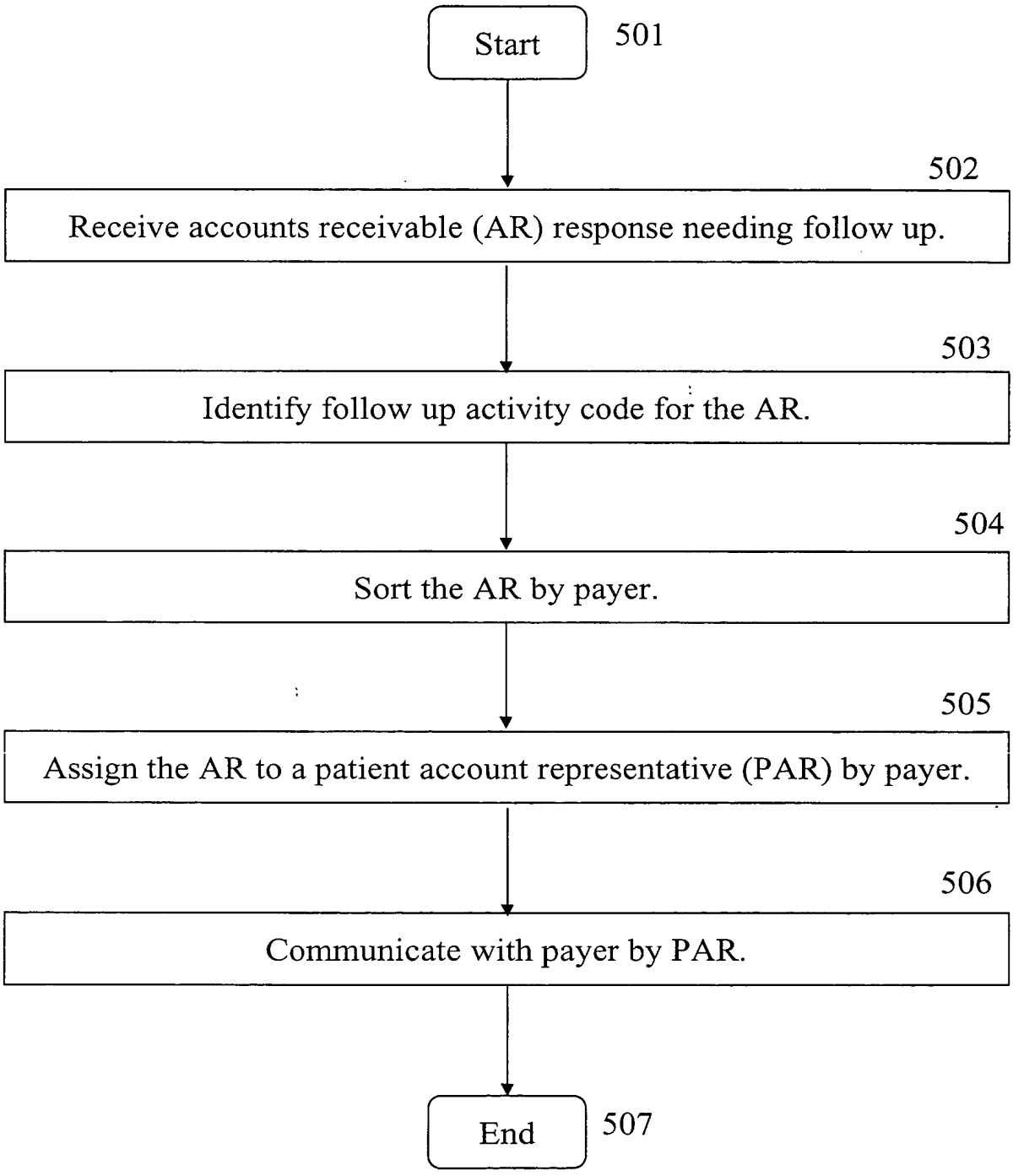


FIG. 4


Start
401
306
Cashier Unit
Accounts Receivable
Workflow Management Process
Receive response for the accounts receivable (AR) from the payer.
402
Identify the AR and the payer.
403
Record remittance and/or other correspondence.
404
405
Response complete?
Yes
406
End
No
407
Rejection response?
Yes
408
Select and assign an internal rejection code, time and date.
412
Forward for processing by rejection unit.
No
409
Denial response?
Yes
410
Select and assign an internal rejection code, time and date.
413
Forward for processing by appeal unit.
No
411
Select and assign an internal rejection code, time and date.
Yes
414
Forward for processing by follow up unit.

304
Follow Up Unit
Accounts Receivable
Management Process

FIG. 5



307
Rejection Unit
Accounts Receivable
Workflow Management Process

FIG. 6

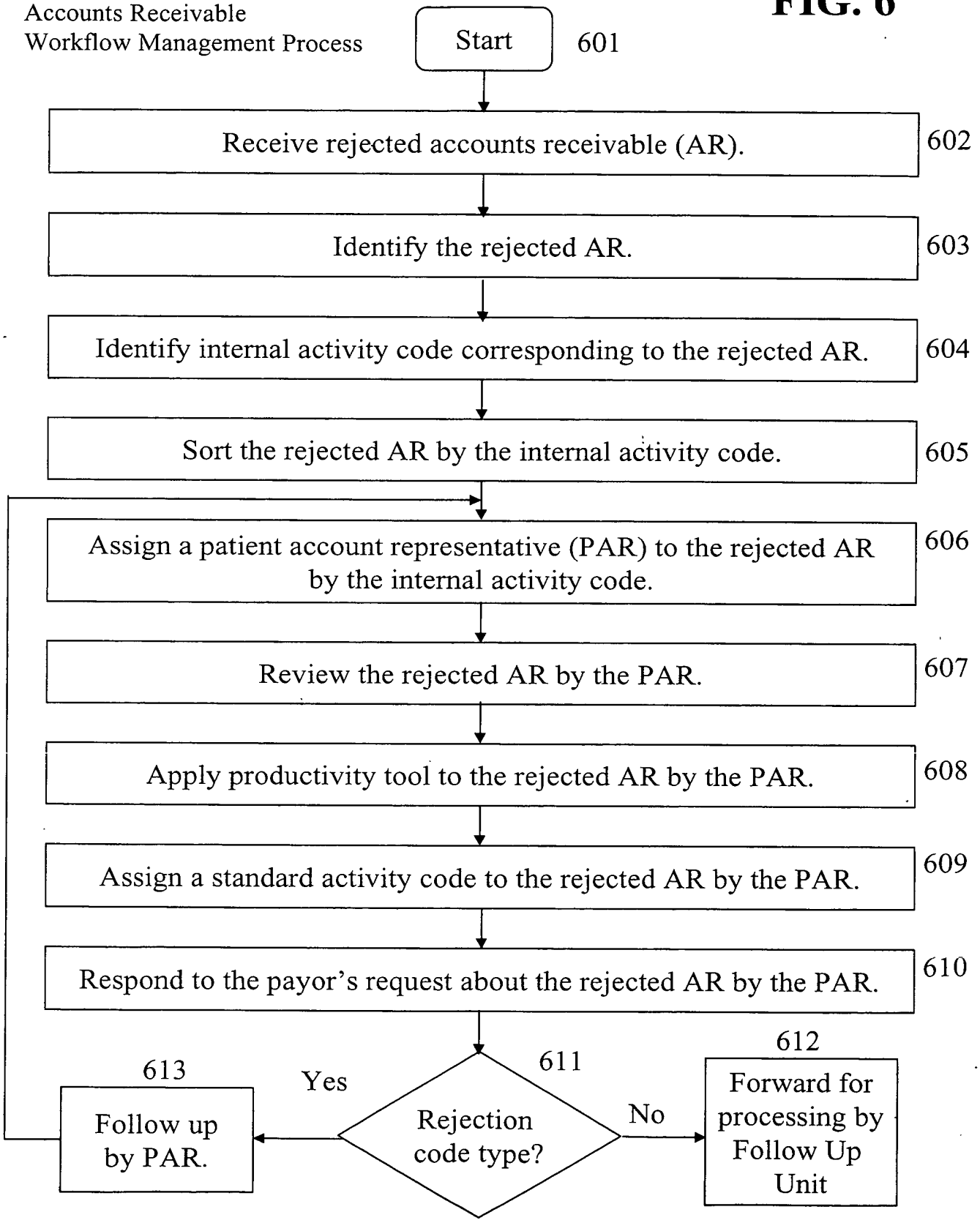


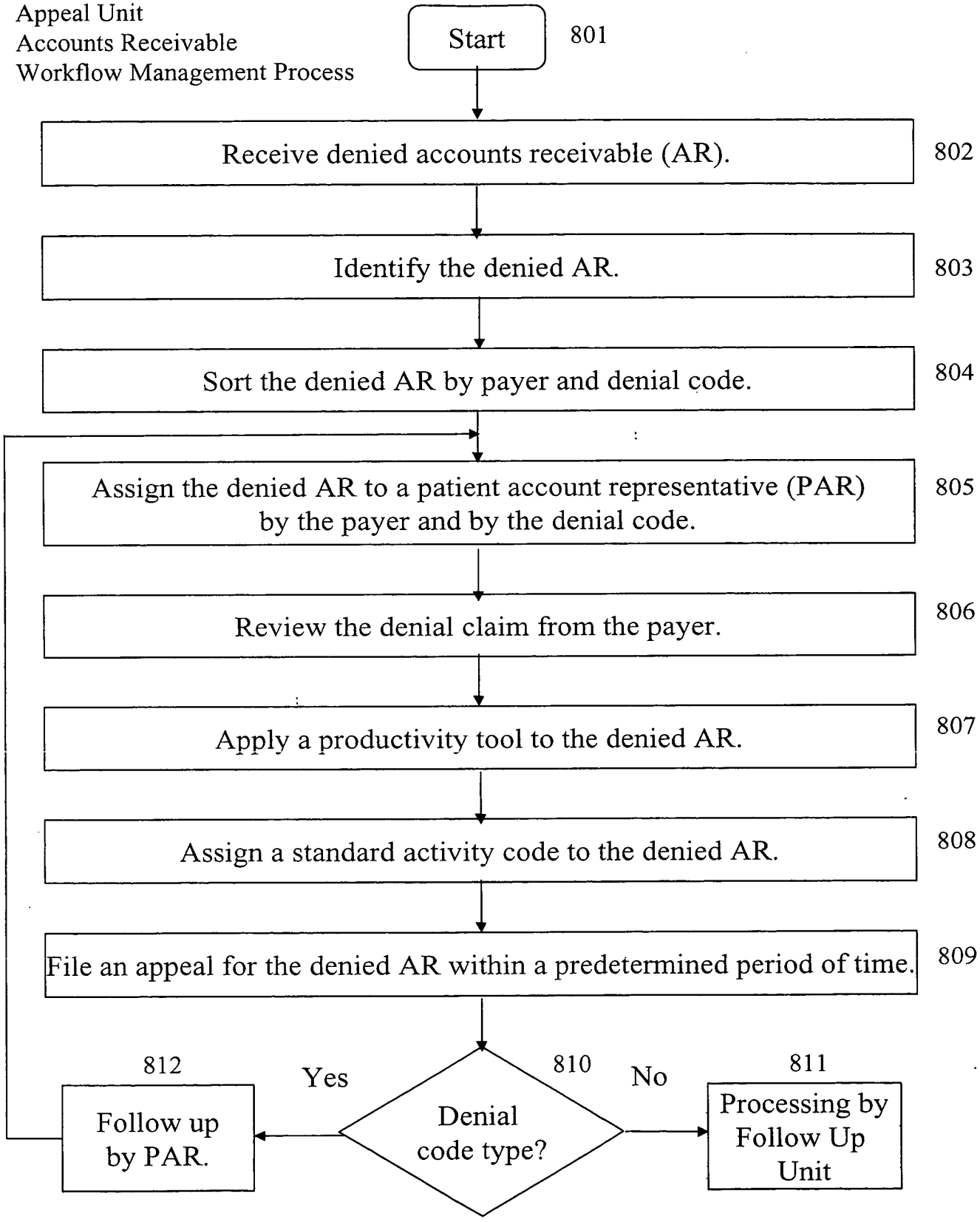
FIG. 7

700
Rejection Unit
Table of Rejection Reasons

701 702

REJECTION REASON	REJECTION ACTIVITY CODE	AUTO LETTER	BILL CORRECTION	MEDICAL RECORDS	BILL ATTACHMENT	PATIENT CONTACT	INS CO CALL	MOVE TO SELF PAY
POLICY NOT IN EFFECT THIS DOS	R1							X
APPLIED TO DED/CO-PAY	R2							X
MEMBER NOT ON FILE	R3					X		
OTHER COVERAGE INFO NEEDED	R4	X				X		
ITEMIZED BILL REQUESTED	R5				X			
MEDICAL RECORDS REQUESTED	R6			X				
ADDL INFO REQUESTED	R7						X	
ADDL INFO REQUESTED/PATIENT	R8	X				X		
ADDL INFO REQUESTED/PROVIDER	R9						X	
CLAIM FORM REQUIRED	R10	X				X		
MISSING/INVALID DX CODE	R11		X					
MISSING/INVALID PROCEDURE CODE	R12		X					
MISSING/INVALID REVENUE CODE	R13		X					
IB AND UB NOT EQUAL/BILLING ERROR	R14		X					
ER REPORT REQUESTED	R15			X				
STUDENT INFO REQUIRED	R16	X				X		
CLAIM PENDING REVIEW	R17						X	
CLAIM SENT TO TPA	R18						X	
MEDICARE EOMB REQUIRED	R19				X			
BABY NOT ADDED TO POLICY	R20	X				X		
UB NEEDED FOR 1500 PROCESSING	R21				X			
DUPLICATE CLAIM	R22						X	

FIG. 8


309
Appeal Unit
Accounts Receivable
Workflow Management Process
Start
801
Receive denied accounts receivable (AR).
802
Identify the denied AR.
803
Sort the denied AR by payer and denial code.
804
Assign the denied AR to a patient account representative (PAR) by the payer and by the denial code.
805
Review the denial claim from the payer.
806
Apply a productivity tool to the denied AR.
807
Assign a standard activity code to the denied AR.
808
File an appeal for the denied AR within a predetermined period of time.
809
Denial code type?
810
Yes
No
812
Follow up by PAR.
811
Processing by Follow Up Unit

900
Appeal Unit
Table of Denial Reasons

FIG. 9

901 902

DENIAL REASON	Denial Activity Code
SERVICE NOT COVERED	D1
PRE-EXISTING CONDITION	D2
OVER MAXIMUM BENEFIT	D3
PER INS NOT MEDICALLY NECESSARY	D4
AUTHORIZATION	D5
UNTIMELY FILING	D6
NON-PAR PROVIDER	D7
PAID PER CONTRACT	D8
UR IN-HOUSE DENIAL	D9
BABY INCLUDED IN CASE RATE	D10
APPEALED DENIAL UPHELD	D11
INCORRECT AUTH #	D12
PAYMENT RETRACTION	D13
PMT SENT TO INSURED	D14
PROCEDURE POSTPONED/CX	D15

1000

Table of Standard Activity Codes

FIG. 10

ACTIVITY CODE	DESCRIPTION	PAR TYPE	Suppress from Bill/Stmt
BALP	BAL IS PT RESP,CHGD TO S/P	S	N
SCOV	VERIF SVC NOT COVD, TO S/P	S	N
CINS	CORR INS INFO & REBILLED	C	N
PREX	APPEALED FOR PRE-EXISTING	A	N
NCOV	PT NOT COV ,MOVE TO S/P	S	N
IBIN	ITEMIZED BILL SENT AS REQ	C	N
MREC	MED REC SENT AS REQUESTED	C	N
AREC	APPEAL FILED W/MED RECORDS	A	N
AAUT	APPEALED W/AUTH ON FILE&MED REC	A	N
ATIM	APPEALED W/PROOF OF TIMELY FILE	A	N
CHDX	MR REVISED DX/REBILLED	C	Y
PRCD	MR REVISED PROC/REBILLED	C	Y
CREV	REV CD REVISED/REBILLED	C	Y
HIDR	REBILLED FOR HIGH COST DRUGS	A	Y
ERRP	SENT ER RPT TO INS, AS REQ	C	N
DUPH	DENIAL UPHELD,BAL PT RESP	S	N
OKOK	VERIF INS PYMT IS CORRECT	C	Y
CSRT	BABY IN CSE RTE,PMT OK,ACT ADJ	ZERO	Y
MEOB	SENT CLAIM W/MCARE EOMB	C	N
BABY	CALLED GUAR/ADD BABY TO POLICY	C	N
1500	UB SENT FOR 1500 PROCES AS REQ	C	Y
URRV	CLM TO UR TO RVW/UPHLD DENIAL	A	Y
IMPL	REBILLED IMPLANT CHARGES	A	N
UNDR	REBILLED FOR UNDERPAYMENT	A	N
BORD	BORDER BABY,APPEALED	A	N
LITI	UR CNTST UPHLD DENL,REF TO BD	BD	Y
WLOS	UR CONCURS W/UPHLD DEN,ACCT ADJ	S	Y
PT10	LTR TO PT TO CONTACT INS CO	C	N
MRDX	REQUESTED CORR DX CD FROM M/R	A	Y
MRPR	REQUESTED CORR PROC CD FROM M/R	A	Y
OVTR	APPEAL OVERTURNED/PMT PENDING	A	N
MEDR	REQUESTED MEDICAL RECORDS	A	Y
BPRO	CLAIM NOF/REBILLED 1500 ONLY	*	N
UB92	CLAIM NOF/REBILLED UB92 ONLY	*	N
2NDY	SECONDARY BILLING REQESTED	C	N
PINS	PATIENT REFERRED TO INS CO	C	N
FCMC	CHANGED PRIMARY TO MEDICARE	G	N
FCMK	CHANGED PRIMARY TO MEDICAID	G	N
FCHM	CHANGED PRIMARY TO HMO	C	N
FCPP	CHANGED PRIMARY TO PPO	C	N
FCCO	CHANGED PRIMARY TO COMMERCIAL	C	N
CMGR	AUTO CONTRACTUALIZATION CORR REQ	S	Y
FIL2	BILLED SECONDARY PAYER	C	N
RECA	APPEAL RECEIVED/NO STATUS YET	A	N
INVR	IMPLANT INVOICE REQUESTED	A	Y
UNTM	UNTIMELY RESPONSE TO APPEAL	A	N
CSRP	CLAIM SENT TO TPA FOR RE-PRICING	C	N
UPTF	DENIAL UPHELD/TIMELY CLAIM FILING	S	Y
UPNA	DENIAL UPHELD/NO AUTH OBTAINED	S	Y
UPTA	DENIAL UPHELD/TIMELY APPEAL	S	Y
CRNS	CLAIM REC'D / NO STATUS AVAILABLE	C	N